



March 5, 2022

**S.B. 251, An Act Expanding Training Programs for Careers in Health Care**

Dear Co-Chairs, Sen. Slap, Rep. Elliott, and Ranking Members, Sen. Witkos, Rep. Haines, and members of the Higher Education and Employment Advancement Committee.

Thank you for the opportunity to provide testimony in support of the intent of **S.B. 251 An Act Expanding Training Programs for Careers in Health Care.**

We support and appreciate the attention to building an infrastructure to create the future healthcare workforce, by creating a pipeline to accept, educate, and train more nurses in CT. The numerous loan repayment, employer incentives and other proposals in the Governor's budget to alleviate some financial stress related to student debt, is welcome.

**Sec. 1 Expand Training Programs for Careers in Health Care**

**Does Increasing the Number of RN graduates solve the Nursing Shortages?**

Before we can consider whether increasing the number of RN graduates will solve the nursing shortage, we must first address how we can stabilize and retain our current workforce. Many issues around nurse staffing have been identified for years and the pandemic has stressed already tenuous systems. With a current workforce of 37,000 RNs working in CT and recently an [American Nurses Foundation \(ANF\) COVID Impact Survey](#) reporting that 52% nationally are looking to leave their position we must address this issue before creating additional new graduates who are quickly susceptible to the existing rampant burnout. The fact that the younger, under 35 year old workforce, are more stressed and feeling least supported by their workplace, highlights the urgent need to address the workplace, so we can keep our newer and future workforce.



A recent McKinsey & Company report [Nursing in 2021: Retaining the healthcare workforce when we need it most \(May 2021\)](#) offers investing in the following activities.

1. Make workforce health and well-being part of the fabric  
Surveyed nurses, similar to employees across all sectors, are looking for more support from the organizations that employ them. Recognition (appreciation and economic rewards commensurate with their value), communication, and breaks to recharge are paramount. Also important are increased availability and accessibility of resources (for example, mental health resources).
2. Increase workforce flexibility  
COVID-19 accelerated the introduction of scheduling and staffing approaches to create additional flexibility in workforce deployment, and nurses were largely enthusiastic.
3. Reimagine delivery models  
Organizations may consider how to leverage digital tools and adapt care models based on patient and employee preferences. For example, some employers may continue (or expand) clinician use of telemedicine platforms, allowing nurses to work remotely more often.
4. Strengthen talent pipelines and build skills for the future  
Demand for talent is increasing, and the skill sets and capabilities required are shifting. Organizations will need to reskill in some areas, as well as bolster their recruiting pipeline for clinical roles—in some cases leaning on new partners or professional development pathways.

***We must invest in the workforce, and workplace change.***



**Can we address the current workforce situation, expand nursing placements and impact health equity?**

Not only can we, but we must.

**Expand Clinical Placement Sites in Targeted Areas**

**1. Dual Prong Approach:**

- a. Identify community practice sites** for clinical placements, explore barriers, and pilot student nurse clinical practicums.
  - b. Ensure nurses/future faculty in community settings are prepared for students and successful in their role.**
- **Invest in targeted professional development:** Working with community-based organizations and employers to create specialty/practice setting professional development programs will ensure nurses are supported in their transition to practice and not reliant on their employer AND provide a reliable pipeline for employers and support nurses to stay in the profession. This strategy can be used to increase numbers of nurses in different practice settings and roles. Specifically, community-based settings such as primary care, school nursing, public health nursing, interdisciplinary team-based care and homecare. This coupled with funding of certification programs and examinations to promote areas of nursing such as school nursing, mental health nursing, and public health nursing.
  - **Value Contribution to Equity in Community Care:** There is a pay discrepancy between public health care roles, and acute care institutions. Providing training, and loan forgiveness, helps to ease the choice to work in community based and public settings.
  - **Identify and support Staff in sites that address Equity and Create clinical placements:** [The National Academies of Medicine, Engineering and Science in their Future of Nursing 2020-2030](#) identify community and public health nurses as the key drivers in health equity. Let's build clinical placement opportunities to realize this for our CT population. Consider funding pilots of the need for more clinical placement sites for this increased student pool to gain their clinical, hands-on experiences. Clinical sites are



already difficult to secure and increasing the students will compound the problem without intentional planning.

- Report identified nurses in the public health settings as key drivers of health equity. Promoting health and well-being has long been an essential role of nurses—they are bridge builders and collaborators who engage and connect with people, communities, and organizations to ensure people from all backgrounds have what they need to be healthy and well.

*But they need ongoing support from the systems that educate, train, employ, and enable them to fully deploy their expertise and training so they can help advance health equity for all.*

**Sec. 3 of this proposed bill** addresses outreach to high school students to learn about the profession of nursing. This section is missing the community based professional organizations that have been doing work in this space and nursing programs. We propose you expand this to include nursing professional organizations and nursing programs. Our Hispanic and Black Nurses Association, as well as programs like HOSA future health professionals, have a deep understanding of this work.

Thank you and please feel free to contact us for any follow up.

Sincerely,

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## Resources/Data

### 2020 Licensing Data analysis

#### 2021 CT DPH RN Roster (Health care practitioner>Registered Nurse)

Recent licensing data shows that of the 79,600 RN licenses that CT issues, [\(source\)](#)

- 54,527 that have a home address in CT
- 7,965 RNs live in bordering states (NY, MA, RI.)
- Data analysis @ 37,000 nurses are actively working in CT

### American Nurses Foundation COVID-19 Impact Survey

Some highlights.

- Nurses are experiencing:
  - Stress (71%)
  - Frustration (69%)
  - Exhaustion (65%)
- **Wellness of Nurses.**
  - For nurses with less than 5 years experience 40% identify as not emotionally healthy
  - For nurses with more than 40 years experience, 13% identify as not emotionally healthy
  - 66% of nurses under the age of 35 reported feeling “burned out”
  - 35% of nurses 55 years of age and older feel “burned out”
- **Organizational/Workplace Environment**
  - 19% of Nurses under 35 feel their organization cares about their wellbeing
  - 42% of older nurses felt their workplace cares about their well being

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